

Office of the State Public Defender

VEHICLE USE
ACKNOWLEDGEMENT FORM

I have received and read a copy of the State of Montana Vehicle Use Policy (also found in the Administrative Rules of Montana, ARM, 2.6.201 through 2.6.214).

I truthfully state that I have a valid, non-conditional driver's license and that my license is not currently under suspension.

My signature below indicates that I have received and read a copy of the Office of the Public Defender Vehicle Use Policy, I understand the penalties for particular driving offenses (Attachment B), and the requirements of notice to my employer should the status of my driving record change.

I have also read and understand the Office of the State Public Defender Fuel Conservation Strategy, and I agree to abide by the Vehicle User/Operator Guidelines.

I know that I may direct any and all questions about the policy to my supervisor or the Human Resource Officer before signing or at any time in the future.

PRINT NAME: _____

SIGNATURE: _____

DATED: _____

This form must be signed and returned to:

Office of the State Public Defender
Human Resource Office
44 West Park
Butte, MT 59701

(406) 496-6091